

Cascade County Determination Request Form

Cascade County Planning & GIS Department 121 4th St N, Suite 2H-2I Great Falls, MT 59401

Request No.: _	
Assoc. Permit:	
Request Date:	

Phone: 406-454-6905 | Fax: 406-454-6919 Email: planningcomments@cascadecountymt.gov

There is a twenty-five dollar (\$25.00) non-refundable fee for processing a Determination Request. Payment is due at submission. Please provide all relevant information about the subject property, the property owner, and the applicant as it pertains to the request. Please indicate the specific regulations/ordinances (if any) of your inquiry and provide a thorough description of the request in the space provided. Section COS No. **Township** Range **Subdivision** (if applicable) Parcel No. Geocode Subject **Property** Total parcel area **Unit:** □ Acres □ Square Feet **Address Zoning District** Name **Property Address Owner** Phone Number Email Name **Applicant** (Contractor, Engineer, Address etc. who is filling out this request form) **Phone Number** Email **Specific Regulations/Ordinance (if any):** ☐ Subdivision ☐ Building for Lease or Rent □Zoning □Floodplain □ Ordinance/Other: **Request: Attestation Statement and Signature:** I hereby certify that the information given herein is true and correct. Signature of Applicant: ______ Date: _____

Signature of Property Owner: ______ Date: _____